

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

BUILDING AND LAND REGULATION ADMINISTRATION; PERMIT CENTER
941 NORTH CAPITOL STREET N.E. 2nd FL
WASHINGTON D.C. 20002

APPLICATION TO INSTALL SUPPLEMENTAL PLUMBING SYSTEMS IN BUILDINGS

PLUMBING PERMIT APPLICATION P APPLICATION MUST BE COMPLETE IN ITS ENTIRETY				BLDG PERMIT NUMBER:													
ADDRESS:		SUITE / ROOM:	LOT:	SQUARE:	APPLICATION DATE:												
OWNER OF BUILDING/BUSINESS:	OWNER'S ADDRESS:			PHONE No. ()													
TYPE OF WORK: a. <input type="checkbox"/> New b. <input type="checkbox"/> Replacement c. <input type="checkbox"/> Remodeling d. <input type="checkbox"/> Repair	PROPOSED USE (CURRENT USE IF NO CHANGE): <table border="0"> <tr> <td>A <input type="checkbox"/> Single Family</td> <td>E <input type="checkbox"/> Restaurant</td> <td>I <input type="checkbox"/> Office</td> </tr> <tr> <td>B <input type="checkbox"/> Two Family Flat</td> <td>F <input type="checkbox"/> Store</td> <td>J <input type="checkbox"/> Garage</td> </tr> <tr> <td>C <input type="checkbox"/> Rooming House</td> <td>G <input type="checkbox"/> Shop</td> <td>H <input type="checkbox"/> Other (specify)</td> </tr> <tr> <td>D <input type="checkbox"/> Apartment</td> <td>H <input type="checkbox"/> Theatre</td> <td>_____</td> </tr> </table>					A <input type="checkbox"/> Single Family	E <input type="checkbox"/> Restaurant	I <input type="checkbox"/> Office	B <input type="checkbox"/> Two Family Flat	F <input type="checkbox"/> Store	J <input type="checkbox"/> Garage	C <input type="checkbox"/> Rooming House	G <input type="checkbox"/> Shop	H <input type="checkbox"/> Other (specify)	D <input type="checkbox"/> Apartment	H <input type="checkbox"/> Theatre	_____
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PLUMBING AND GAS

NO.	TYPE	NO.	TYPE	NO.	TYPE	NO.	TYPE		
	Water Line Cut		Basins		Drinking fountain		Gas line cut		
	Sewer line cut		Sinks		Down spouts		Gas Range		
	Soil waste cut		Garbage disposals		Drains: Floor / Area		Gas Ovens		
	Vent line cut		Dishwashers		Drains: Roof		Gas Fryers		
	Bath tubs		Slop sinks		Sump pump.		Gas Furnaces		
	Showers		Laundry tubs		Sewer Ejector		Gas Boiler		
	Water closets		Water cap		Fire Sprinkler 13		Gas unit/ Space Heaters		
	Urinals / Bidets		Sewer cap		Fire 13R / 13D		Gas Fireplace		
	Hose Bibs		Grease Interceptor		Water Heaters		Gas Grill		
Other:		Gas line test	No.		<table border="1"> <tr> <th>FOR OFFICIAL USE ONLY</th> </tr> <tr> <td>AP #</td> </tr> </table>			FOR OFFICIAL USE ONLY	AP #
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		Washer box	No.						
		Backflow preventer	No.						
Relocate gas / water meter	No.								
	No.								
Master Plumber & Co. Name :				Address of Contractor :			Fee \$:		
Master Plumber or Gas Fitter Signature :				Lic. No.	Phone No.		By:		

TO REPORT WASTE, FRAUD OR ABUSE BY ANY D.C GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL AT 1-800 - 521 - 1639

ALL CALLS ARE CONFIDENTIAL